

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  
or

Date qualification threshold met

Amendment

Termination - See Part 5

Date qualification threshold met

Date of termination

Date Stamp

AUG 19 2019

CALIFORNIA  
FORM

410

For Official Use Only

FRESNO COUNTY CLERK  
*Carole Laval & Babcock*  
DEPUTY

**1. Committee Information**

**I.D. Number  
(if applicable)**

NAME OF COMMITTEE  
RECALL SLATIC - FUSD TRUSTEE DISTRICT 7

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
FRESNO	CA	93711	559-492-6798

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

RECALLSLATIC@GMAIL.COM

COUNTY OF DOMICILE

FRESNO

JURISDICTION WHERE COMMITTEE IS ACTIVE

FRESNO

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8-14-19

By

*Carole Laval*  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

8-14-19

DATE

By

*Carole Laval*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSERNT

Executed on

DATE

By

*Carole Laval*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSERNT

Executed on

DATE

By

*Carole Laval*  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSERNT

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Recipient Committee**

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I.D. NUMBER

COMMITTEE NAME  
**RECALL SLATIC - FUSD TRUSTEE DISTRICT 7**

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>BENEFICIAL STATE BANK</b>	AREA CODE/PHONE <b>(888) 326-2265</b>	BANK ACCOUNT NUMBER	
ADDRESS	CITY <b>FRESNO</b>	STATE <b>CA</b>	ZIP CODE <b>93704</b>

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOSER	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY		(list political party below)
			Nonpartisan	Partisan	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
<b>RECALL SLATIC - FUSD TRUSTEE DISTRICT 7</b>	<b>FUSD DISTRICT 7 - RECALL TRUSTEE TERRY SLATIC</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

# Statement of Organization Recipient Committee

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I.D. NUMBER

COMMITTEE NAME  
RECALL SLATIC - FUSD TRUSTEE DISTRICT 7

## 4. Type of Committee (Continued)

### General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

### Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE
AREA CODE/PHONE				

### Small Contributor Committee

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date qualified

## 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

## Recall Slatic

Fresno, CA 93711

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Fresno County Elections

Fresno, CA 93721

93721-260099